

Aspire Team Application

2004-2005

School/Organization Name _____

County _____

Lead Sponsor Information

(will receive all mailings/ please print clearly and provide all information)

(please provide summer address, as it will be necessary to contact you over the summer)

Full Name: _____

Job Title: _____

Primary Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Fax: (_____) _____ - _____ Email: _____

Summer Address: _____

City: _____ Zip: _____

Co-Sponsor Information

(each team must have a co-sponsor)

Full Name: _____

Job Title: _____

Primary Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Fax: (_____) _____ - _____ Email: _____

Summer Address: _____

City: _____ Zip: _____

Program Criteria

- ? **Please ensure that ALL criteria can be met before sending in application!**
- ? All team members and sponsors should have a commitment to a drug-free lifestyle.
- ? Teams should consist of diverse student representation. However team members should possess some demonstrated leadership ability.
- ? Teams must meet at least once monthly and create a research-based Action Plan related to the goals of the Aspire program.
- ? Teams and team participants need to make a minimum one year commitment to the program.
- ? Please ensure that funding for trainings and other events is secured or a funding plan has been developed before submitting application. *Check with your school systems Safe and Drug Free Schools Coordinator!*



On a separate sheet of paper, please answer the following questions clearly and precisely. The answers to these questions will be reviewed by the selection committee.

1. Is this your first year applying for the Aspire program or have you had an Aspire team before? If 1st year, briefly explain your interest in starting an Aspire team at your school or community-based organization. If returning team, clearly explain how the Aspire program has been beneficial as it relates to changing youth attitudes regarding the use of drugs, alcohol, and violence and/or how your Aspire team has created more safe and disciplined learning environments.
2. Will your Aspire team be an extension of an existing program or a new effort? If your students will participate as part of an existing program, please describe the group.
3. How will you go about recruiting your Aspire team to ensure that diverse youth are represented? Will youth be involved in the selection process?
4. What Safe and Drug Free or other prevention programs currently exist in your school or community for high school youth (i.e. STARS, DARE, SAFE, Youth Alive and Free, etc.)? How will the Aspire program compliment these services already being offered? In addition, how will Aspire be different so as not to involve the same youth and/or offer the same services ?
5. For returning teams only. How will your Aspire team continue to develop it's initiatives to create a safer more peaceful school and/or community?

We have read and understand the attached description of Aspire, and we will do our best to meet the expectations outlined. Please consider our Aspire application.
Signatures:

Lead Sponsor _____

Sponsor _____

Principal _____